

CONSUMER CREDIT COUNSELING SERVICE OF MID-FLORIDA

General Information Worksheet

Complete as much information as possible

Rev 4/06

PERSONAL INFORMATION					
Last Name	First Name	Middle/ Maiden	Sex	Age	Social Security #
Last Name	First	Middle/ Maiden	Sex	Age	Social Security #
Mailing Address	City	State/Zip	Residence Telephone		
INCOME PER MONTH					
Gross Pay (Monthly)	Take Home Pay (Monthly)	Employee: _____ Position/Rank: _____ Telephone & Ext: _____			
SPOUSE					
Gross Pay (Monthly)	Take Home Pay (Monthly)	Employee: _____ Position/Rank: _____ Telephone & Ext: _____			
Other Income: _____					
Deduction each pay period: (i.e. Insurance, savings, loans) : \$ _____					
No. Dependents: _____ Ages: _____ Race: Caucasian: _____ African American: _____ Hispanic: _____ American Indian: _____ Asian: _____ Other: _____ Marital Status: Married: _____ Separated : _____ Divorced : _____ Single: _____ Widow (er): _____ Residence: Renting: _____ Buying: _____ Own: _____ Other : _____					
<i>For counselor use only: ↓</i>					
CLIENTS FINANCIAL CONCERNS <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>🍏 Budget & Money Management</p> <p>🍏 Credit Use</p> <p>🍏 Mortgage Delinquency</p> </div> <div style="width: 45%;"> <p>🍏 Overspending</p> <p>🍏 Debt Repayment</p> <p>🍏 Other: _____</p> </div> </div>					
BUDGET ASSESSMENT SUMMARY: Total Monthly Net Income \$ _____ Total Monthly Expenses \$ _____ Surplus/Deficit \$ _____ Debt Repayment Amount \$ _____ Net Cash Position \$ _____			REFERRAL SOURCE: _____ TOTAL DEBT: \$ _____ COUNSELING OFFICE: _____ CODE: _____ COUNSELOR: _____		